

MEDICAL BOARD OF CALIFORNIA Licensing Program



ADDENDUM TO QUESTION #15

This form may be used to provide examination information if you require additional space in response to question #15 on Form L1A.

Type or Print Legibly APPLICANT INFORMATION		
NAME: Last	First	Middle
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Medical School of Graduation
ADDITIONAL EXAMINATION INFORMATION		
Examination	Date (mm/yyyy)	Result (Pass/Fail)
SIGNATURE: DATE:		
Applicant's signature and date are required.		